



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

10/28/91

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD006992788

FACILITY NAME -> GREEN BUS LINES INC

MAILING ADDRESS -> 165-25 147TH AVE
JAMAICA, NY 11430

INSTALLATION ADDRESS -> 49-15 ROCKAWAY BEACH BLVD
FAR ROCKAWAY, NY 11691

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: MULE, ANTHONY
PURCH AGENT
GREEN BUS LINES INC
165-25 147TH AVE.
JAMAICA, NY 11430



United States Environmental Protection Agency
Washington, DC 20460

For Official Use Only

Comments

Installation's EPA ID Number

Approved

Date Received
mo. day)

[illegible]

1. Name of Installation

Green Bus Lines Inc.

II. Installation Mailing Address

Street or P.O. Box

[illegible]

City or Town

State

ZIP Code _____

[illegible]

III. Location of Installation

Street or Route Number

[illegible]

City or Town

State

ZIP Code

[illegible]

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C	MULÉ	ANTHONY (Purchasing Agent)	21 995	4700
2				

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C	Green Bus Lines Inc.										P.
R											

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☒ 1a. Generator ☒ 1b. Less than 1,000 kg/mo.

☐ 2. Transporter

☐ 3. Treater/Storer/Disposer

☐ 4. Underground Injection

☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐
- A. Utility Boiler
- ☐
- B. Industrial Boiler
- ☐
- C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es))*

- ☐
- A. Air
- ☐
- B. Rail
- ☐
- C. Highway
- ☐
- D. Water
- ☐
- E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

C. Installation's EPA ID Number

- ☒ A. First Notification ☐ B. Subsequent Notification (*complete item C*)

ID — For Official Use Only														
C												I	A	C
W														1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 D001	2 D018	3 D039	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

- ☒ 1. Ignitable (D001)
 ☐ 2. Corrosive (D002)
 ☐ 3. Reactive (D003)
 ☐ 4. Toxic (D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) Anthony M. Cole (Purchasing Agent)	Date Signed 8/9/21
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print c0 wh c101 eq nyd006992788:
PRINT CO WH C101 EQ NYD006992788:

1* 02
2* NY
101* NYD006992788
102* P
104* GREEN BUS LINES, INC.
105* SPARBER DONALD
106* 165-25 147 AVENUE ,
107* JAMAICA
108* NY
109* 11434
110* 49-19 ROCKAWAY BEACH BLVD.
111* EDGEMERE
112* 11692
113* 7189958888 ✓
114* 081
216* QUEENS
1101* 1 ✓
1503* GREEN BUS LINES, INC.
230* 2

1601* 10/08/1986
1603* 11/03/1986

1701* X

2701* D000

2702* .00000

2701* D001

2702* .00000



Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

[illegible]

Installation's EPA ID Number										Approved			Date Received (yr. mo. day)			Queens 28						
C	N	Y	D	O	O	6	9	9	2	7	8	T/A	C					8	6	1	0	0
F													1									

G	R	E	E	N	B	U	S	L	I	N	E	S	I	N	C
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Street or P.O. Box

[illegible]

City or Town															State	ZIP Code								
C 4	J	a	m	a	i	c	a								N	Y								

Street or Route Number

C	49	19	Rockaway	Beach Blvd
5				

City or Town													State	ZIP Code	
C 6	E	d	g	e	m	e	r	e						NY	11692

Name and Title (last, first, and job title)

1	Name: [redacted] Title: [redacted] Date: [redacted] and [redacted]										Phone Number: [redacted] Fax: [redacted] and [redacted]									
2	Sparber Donna Asst. Comp.										718 9954700									

A. Name of Installation's Legal Owner.

C	GREEN BUS LINES INC										P	
R												

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity	B. Used Oil Fuel Activities
<input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel <i>(enter 'X' and mark appropriate boxes below)</i> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel <i>(enter 'X' and mark appropriate boxes below)</i> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer <i>(or On site Burner)</i> Who First Claims the Oil Meets the Specification

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☒ A. First Notification
 ☐ B. Subsequent Notification (*complete item C*)

ID — For Official Use Only															
C														T/A	C
W															1

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Signature <i>Donna Sparker</i>	Name and Official Title (type or print) Donna Sparker - Ass't Comptroller	Date Signed 9/30/86
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1986 OCT -8 PM 12:33

ENVIRONMENTAL PROTECTION AGENCY, REGION II, NEW YORK, N.Y.